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Bib Data Sheet

CONFIRMATION NO. 5420

<b>SERIAL NUMBER</b> 10/008,955	<b>FILING OR 371(c) DATE</b> 12/07/2001 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> 06-129 PCT/US/CIP
<b>APPLICANTS</b> Hans Klingemann, Winnetka, IL; <i>see M31</i> <b>** CONTINUING DATA *****</b> This application is a CIP of 09/403,910 10/27/1999 ABN which is a 371 of PCT/US98/08672 04/30/1998 which claims benefit of 60/045,885 04/30/1997 <i>see M31</i> <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 01/03/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>W</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 16	<b>TOTAL CLAIMS</b> 29
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 30058				
<b>TITLE</b> Natural killer cell lines and methods of use				
<b>FILING FEE RECEIVED</b> 501	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	